

CANCER OF BREAST.

*A CLINICAL INQUIRY INTO THE
EFFECT OF THE INDICATED
ARBORIVITAL FORCE WHEN
ALLOWED TO EXPEND
ITSELF ON THE
DISEASE.*

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DISEASES SAVED FROM OPERATION," "THE PROBLEMS OF
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"The subject is a peculiarly painful one from many points of view. If the fruits of long reflection thereon be here too plainly set forth, its importance to the public weal, the continually increasing proportions of the evil—*above all the power of vested interests which bar improvement*—must be pleaded in excuse."—*Cancerous and other Tumours*, by Herbert Snow, M.D. (Baillière, Tindall, and Cox, 1898.)

CANCER OF BREAST.

No excuse is needed for entering upon a consideration of the treatment of this fearful scourge, and the task to which I set myself is to make the inquiry absolutely independent of all previous researches or of the opinions of ancient or modern authorities, and dependent only upon the phenomena presented to the practitioner by the disease while being treated.

Cancer in the breast differs markedly from cancer of other parts in not being so unmistakably acted upon immediately remedies are exhibited.

I have stated,* and wish to emphasise, that of all forms of chronic disease, there are none that can be so easily acted upon by internal remedies as the cancers, taking the chronic forms of malignant disease as a group.

Cancer of the breast, in its various forms, is no exception to this, save so far as the action of remedial agents upon it is not so demonstrable, and not so plainly evident as it is upon the cancers of other parts.

But—and this is the important point—the action is none the less real, none the less satisfactory, only the proof of the action requires a longer interval for purposes of demonstration. Cancer of the breast is necessarily a sluggish affection, and treated with simple homeopathic remedies its progress is so slow that under the best of circumstances it is difficult to prove what part the remedy has played in the arrest of the disease. This is particularly the case when repeated doses are being given. But when unit or arborivital doses are given, it is very easy to convince the patient, although it is not nearly so easy to show to the onlooker as it is in other forms of cancer, that a beneficial influence is being wrought.

To make my meaning clearer, for it is a point upon which I have been much misunderstood; let us suppose two cases—one of cancer of the breast and one of cancer

* *Cancer and Cancer Symptoms*, Marten, 67, Wigmore Street, London.

of the stomach, or œsophagus—and suppose that upon each patient's tongue the indicated unit dose is deposited. In nineteen cases out of twenty some sort of local disturbance, greater or less according to the actual amount of disease present, will be set up within a week in the gastric case, while in ninety-nine cases out of a hundred no disturbing effect will ensue in the breast case; or if disturbance does take place it will be in parts of the body that are distant from the breast, and therefore the disturbance is not so obviously, as in the gastric case, the result of the remedy acting upon the disease. In other words, the result, though evident, is not demonstrable; it is, in fact, subjectively evident but objectively questionable.

Cancer of the breast, then, is essentially a sluggish disease compared with cancer in other parts of the body. This may be due to the fact that breast-cancer owes its origin to marrow infection, and that long before the breast is involved the disease has been insidiously developing within the interior of the component parts of the osseous skeleton.

This probably is why the actual mass of disease deposited in the breast is often very deceptive as an indication of the extent of the disease present.

In no part of the body can it be said that the progress of cancer is in any sense definite or determinable, but in most parts a few months, weeks, or even days of observation are often sufficient to enable us to estimate the probable progress and duration of the case; whereas in breast-cancer it may be years before a really definite termination can be said to be within measurable distance. One point is fairly definite in regard to breast-cancer, and that is its duration *after* operation.

According to Erichsen, art. "Diseases of the Breast," *Science and Art of Surgery*, vol. ii. p. 496, 6th ed. (Longmans, London, 1872): "As to the question whether as a general rule life may not be prolonged by the performance of the operation (of extirpation of breast), it would appear, if the statistics collected by Leroy D'Etoilles are accurate, that hitherto it has not been so. Walshe comes to the conclusion that the operation cannot, as a general rule, be regarded as a means of prolonging life, but that in the majority of cases death is hastened by such interference. Sir A. Cooper and Sir

B. Brodie both agree that in most cases the disease returns in two or three years after the operation, and this kills the patient."

Other trustworthy statistics give it that half the patients operated on for cancer of the breast are dead in two years; three-fourths in three years.

Dr. J. E. Simpson, of London, gives it, as recently as 1899,* that of 90 cases where the breast was excised, 70 were alive after one year, 49 after two years, 33 after three years, 14 after five years, 8 after six years, 4 after seven years, 3 after eight years, and 1 after eleven years.

Of 455 cases collected by Gross, in which patients were traced after the operation, 47, or about 10 per cent., had passed the period of three years; and Butlin, from an analysis of 311 cases, came to a similar conclusion (Erichsen's *Science and Art of Surgery*, vol. ii., 10th ed., 1895).

It would be still more interesting to know the duration of breast-cancer that is not operated on. According to Paget, of 113 cases, 66 were not submitted to operation, and of these the average duration of life was little more than forty-eight months. Of 47 operated on, the corresponding average was little more than forty-nine months.†

Thus it is evident the treatment of breast-cancer by the *laissez-faire* method, as well as by operation, is wholly unsatisfactory.

The true way to improve the treatment of breast-cancer is to study each case and to single it out as a special and independent inquiry.

The inquiry should have for its object the making of useful observations upon the disease, regard being had to its duration and the effect of remedies upon it.

The following series of cases is given simply for this purpose:—

CASE I.—Miss P., aged 50, climaxis two and a half years ago. Case condemned to operation. First seen January 9, 1899. Bad infantile history, pleurisy, pneumonia, bronchitis, &c. Always subject to bilious headaches. Five years ago these got much worse, and left breast then began to be sore.

* *After-history, Excision of Entire Breast (Lancet, July, 1899).*

† Erichsen's *Surgery*, *ut supra*.

Hard, scirrhus nodule round upper border of nipple, half an inch by half an inch, and inflammatory hardness below nipple; breasts degenerated, large axillary gland tender left side; severe smartings with shooting, darting pains locally.

The patient looked very unhealthy, and her breath was most offensive—it regularly stank. The opinion I expressed was that the case was a very bad one, as patient was in a most unhealthy state, as was evidenced by her breath and the inflammatory tendency in the local lesion.

It is difficult to apportion the effects of individual remedies on this case. The first dose was *Ruta grav.* ϕA , which seemed to lessen the shooting pains, but towards April, 1899, the places began discharging with a widespread inflammatory condition of the surrounding skin and a swollen state of the arm.

I must pass over the fortnightly reports and come to the close of her career. On July 17, 1900, complained of being heavy and drowsy, was bilious, and had headache over right eye; constant aching in the arm, caused by its swollen condition, with aching in the bones of the chest and round the heart. The local lesion had not spread. *Laurocer.* ϕA was given.

On the 8th of August she called on me before the holidays, and complained of feeling headachy and giddy, and was hardly able to walk straight; hand less swollen but more powerless, and a place had broken out under arm; she trembled very much, and was troubled with palpitation of the heart.

With it all, however, she had hardly ever any cancer pains—stabblings or shootings—and she looked very well. Still, a settled melancholy had seized upon her, and she insisted upon the impossibility of her living till the end of the month. There was no use in contradicting her, as she was so determined about it; and I contented myself with simply giving her a dose—*Atrop. bell.* ϕA .

Here comes the interest of the case. On my return to town (September 7th) word was brought that the patient was drifting into a silly and semi-paralysed condition, and that the swelling of the arm had gone down, though the breath was most offensive. *Laburnum* ϕA .

From this time the patient fell into a kind of trance, eating and sleeping well to her end on October 14th, and

quite unable to recognise any one, and in an absolutely painless state.

This certainly was a termination as unlike what might have been expected in a case like hers as could be, and though I cannot attribute the result to any one remedy, I do consider the *method* by which the remedies were given—in unit or arborivital doses—had a great deal to say to the painless condition in which she ended her days.

The duration of the case from the commencement of treatment was short, but a severe influenza in the February previous to her disease undoubtedly contributed to this.

CASE II.—A. S., æt. 40. Seen March 29, 1898. Hard tumour adherent to rib in left breast, upper segment, with swollen axillaries; four years ago nature declared undiagnosable; yesterday at St. Bartholomews Hospital pronounced a very bad cancer, and that immediate operation was imperative, as it has lately been showing much activity. Shooting, cutting pains in breast, especially when bringing up flatus, with which she is much troubled. Menses too free; bowels, regular; sleep, restless; urine, normal.

I hesitated about treating this case, as the local appearances pointed to a rapid development. On this being explained to patient, she in spite of it elected to submit to my treatment, which began with *Ferr. pic.* 3x, one drop in three doses every day.

April 6th. Pain goes down to the finger-tips; sleeping better; flatus less; shooting less.

The *Ferr. pic.* evidently acted beneficially, and I then gave *Nerium olean.* ϕA , to be followed up in a week by *Ferr. pic.* 3x as above.

April 20th. Two hours after the dose of *Ner. olean.*, had great pain locally and in the ends of the fingers and toes, as from a galvanic shock, and as if the toe and finger-nails were being hammered and then pulled back. There have not been any of the old shooting pains.

When she began the *Ferr. pic.* she woke up the following night with the feeling of apparent rage, for she felt as if she were about to cut her head off. The menses came on a week too soon, but with less loss, and not as before, in fitful flow.

After this, the case progressed very smoothly, the

induration in the breast remained quiescent until in March of 1901 it seemed to get larger, and she complained of sharp pains, as of electric shocks, in different parts of the body, her gums and tongue felt swollen, and her head also felt swollen, while her sleep became restless.

A dose of *Lachesis* 200 was then given (March 15, 1901), and on April 12th returned to say she had kept well till four or five days back, when all strength and energy seemed to ooze out of her fingers-tips, and the place became angry with pain in it; she also felt as if stabbed with electric pains in the fingers and toes. The induration had increased slightly in size, and over the circumference of a shilling the skin was adherent and had assumed a red, angry appearance.

For these symptoms I gave *Rhododendron* ϕA , and on April 27th she came to say that directly after the dose she felt frightfully prostrate with a feeling as if she didn't care to eat or do anything, though the electric pains in the toes and the stabbings in the part were much better; felt as if she had been ill for months. To go without medicine.

May 11th. Stabbings still; feels very weak; menses too free; burning sensation inside the stomach; no energy. The place looked angry, and I certainly considered her progress very unfavourable.

In all cancer cases, however, we must expect, to use an Irish expression, to meet with sufficient "to put the life across" not alone in the patient but in the doctor as well, and the sooner both agree to keep their lives standing up the better!

At this juncture, guided by the slight burning in the stomach, I gave *Gaultheria recumbens* ϕA , and with absolute improvement in all respects; burning in the stomach went; strength returned; induration looked much less angry and seemed smaller.

The patient is still under treatment. The local disease shows signs of shrivelling; the patient is strong, and is in service as a housemaid. Surely it is something that a case that in March, 1898, had been condemned beyond all question as requiring operation imperatively, has, up to the present (July, 1902), enjoyed very fair health, and been able to maintain herself by hard work.

CASE III.—Mrs. G., æt. 76. Date of coming, September

14, 1899. Right breast removed last December in the Middlesex Hospital.

The case is a pitiable one; both shoulders and the right arm are studded with cancerous nodules, and the parieties of the chest on all sides of the cicatrix are infiltrated, the deltoids of both arms are hard and apparently infiltrated also, and she complains of prickings and shootings all down her back, as well as in right shoulder and round the scars of the operation. Has much sinking, worse before and after meals, in the chest, and her spirits are very low; worse on dull days.

Nothing could look more hopeless than this case, and except that remedies might temporarily alleviate, I had no hope of doing her any permanent good. *Helleb. nig.* ϕA was given.

September 28th. Easier for three or four days and felt brighter. *Helleb. fæt.* ϕA .

October 12th. Not so well again; pains at back and chest much greater; soreness about the right arm; spirits very low, but for a day or two after dose were better; had a bad cough that caused a dragging about the arm. *Galium aperine* ϕA .

October 26th. Much cold and cough; spirits and appetite bad. *Helleb. vir.* ϕA .

November 9th. Much cough dragging on breast; pains across back and chest "flying to breath" and causing flushings and weak feelings. Prickings and shootings much better. *Laurocer.* ϕA .

January 25, 1900. Getting on very well, but gets little sleep; dull aching about chest. *Conium mac.* ϕA .

March 16th. Sinking less; was feeling much better till took cold; appetite better. *Helleb. nig.* ϕA .

April 5th. Cough constant. *Conium mac.* ϕA .

From this time I heard nothing of the patient, and considered that her case was one in which, though medicines had done much to relieve, the disease had probably got the better of treatment, and that a fatal termination had probably taken place.

In April, 1901, however, a lady happened to mention Mrs. G.'s name, and astonished me by saying the old lady was not alone alive, but had recently volunteered to help in the removal of heavy household furniture.

Naturally I experienced a desire to see her, and found (June 6, 1901) her wonderfully well and strong. She still

had aching pains in the chest and back, with dyspnea, and above the *left* scapula a decided nodule of cancer existed, but in other parts it was impossible to detect any cancerous growth. Except that she had had some attacks of bronchitis in the winter, she had had a very smooth time of it. Not bad for an old lady of 78, who in September, 1899, was rapidly hurrying into her grave.

The patient is still living and able to get about, and except for a strong bronchitic tendency, gets on well.

CASE IV.—This case, dated June 9, 1900, was treated by correspondence from which extracts are culled:—

Elderly lady, cancer in both breasts, quiescent in right but active in left, which is indurated with some ulceration. There are nodules of cancer scattered over adjacent tissues, "which will, of course, all break down"; the left arm is also very edematous and painful, and the left axilla is involved to some extent. The pains are burning and stinging. Dislikes too warm a room. The climacteric period stopped suddenly. Prescription: *Ranunculus bulbosus* ϕA .

June 26, 1900. Dose taken two weeks ago, and so far no improvement, though pains seem more localised. (Photograph enclosed showing a very cachetic lady with a large ulcerated patch in upper left breast.) Pains burn and sting, and she is very sleepless. Arm very swollen, and drags with feeling of great weight. Prescription: *Clematis erecta* ϕA .

July 8th. Arm feels so heavy that it drags on the shoulder and breast. She has less stinging pain; right arm also painful, but not swollen like left, though there is cancerous deposit in right breast. She thinks she has less pain in the left breast. The weight and dragging of the left arm give most trouble, and she has bad nights in consequence. Twitching movements of left eye. Prescription: *Helleb. nig.*

On July 26th Dr. Staley, of St. Anne's-on-Sea, Lancashire, and to whom I am indebted for above particulars, wrote very despairingly. The condition of the patient had evidently become more hopeless, for she began getting thinner, and her nights were restless with severe pain. My reply to all this was that in cases like this it is absurd to despair, more especially as there were certainly evidences

of having been beneficially acted on, and in my letter I enclosed a dose of *Lobel. erinus* ϕA .

August 9th. Report: Very great improvement; no pain.

In reply to this sent same dose in case it should be necessary.

The patient soon after this was removed from St. Anne's-on-Sea, and came under Dr. Compston, of Crawshawbooth, and from his letter, dated September 5, 1900, I gather that the second powder of *Lobel. erin.* had been given, for he writes that "since taking the last powder, a fortnight ago, she was first made worse in all respects, being restless and thirsty at night, and having much stabbing and stinging in the carcinomatous parts of breast and armpit." The letter goes on to state that "she is getting more comfortable now, both sleeping better and having less pain. There is a large foul ulcerating surface on the left breast and in the left axilla, which oozes blood when disturbed, though not markedly so. The border of the disease is marked by an infected area of skin consisting of split pea-sized tubercles."

From this time up to her death, about September 19th, no medicine whatever was given, and during this time she remained quite free from pain, her death being due to gradual cardiac failure.

Here, then, was a case in which, in all likelihood, there would have been terrible suffering, and the evidence is as strong as evidence can be that *Lobel. erin.*, in ϕA form, stopped that suffering; and it also teaches that it was wrong of me to have sent a second dose at a time when the first one of the same (*Lobel. erin.*) had not ceased to exercise its beneficial influence over the disease.

I have to thank both Dr. Staley and Dr. Compston for their great kindness in watching this patient.

These four cases of cancer are given to show that cancer can be acted on by medicines. This I consider to be the first stage of inquiry: to prove with fair certainty that cancer can be acted upon by internal treatment. More than this, they go to show that it can be acted on beneficially, both as regards duration of the disease and abatement of suffering.

The critical may take exception to these latter inferences, its duration and the lessening of pain. I am content to leave the matter in abeyance if the evidence is deemed

insufficient, the more so as I have by me a very considerable mass of evidence to the same effect.

What I do insist upon is that the cases show clearly that breast-cancer *can be acted on by internal remedies*. They do not show that any form of breast-cancer can be *cured*.

Whether breast-cancer can be cured or not is now the question before us, and by the term breast-cancer I mean any form of malignant disease that affects the breast, and for which operation is at the present day considered imperatively necessary.

Coming under this definition is obviously the most frequent form of cancerous disease that affects the breast, the carcinomatous or scirrhus variety of cancer. However, I wish it to be understood that I have nothing whatever to do with the nosological appellation of particular varieties of cancer, only with the treatment of breast growths that have been declared by others to be malignant, and that would otherwise have to be treated by operation.

In my work on *Cancer and Cancer Symptoms** I have shown the absolute necessity that exists for allowing an interval of repose to the organ, or to be exact, to the mass of new growth, after the specific effect of the indicated remedy in unit or arborivital dose has been secured.

Subsequently to laying down this proposition my mind reverted to a case that came under my notice in the early days of my professional career.

CASE V.—A woman, 49 years of age, who had been four years before under my treatment, came to consult me about dyspeptic symptoms. I was proceeding to prescribe, when she volunteered the information that her breast was quite well. "Your breast?" said I. "Why, what is the matter with your breast?" She then recalled to my mind that she had had an undoubted cancer of the breast, and it was with great delight that on searching my books I found my notes of her case. According to these notes there was no doubt she had had a fair-sized scirrhus nodule in one breast that had retracted the nipple and enlarged the axillaries of the same size. The breast had been seen by the late Dr. Markwick, and diagnosed by him as an undoubted cancerous condition as well as by, I believe, other doctors.

Naturally I looked with interest at my last prescrip-

* *Ut supra*, chap. i.

tion, which had been given four years back. The prescription was *Soda hypochlorita* (the *Liq. Sodæ Chloratæ*) 3rd dec., a drop in three doses three times a day for a week, and beyond this she had taken no medicine whatever for four years. Yet there was no trace of cancer, nor was the nipple in the least retracted.

My first impulse at the time was to report the case, more especially as I had written largely on this remedy, but two considerations deterred me. One was that the case would be very strongly and adversely commented upon; and the other was that in all my investigation of the remedy, I had met with nothing whatever to lead me to suppose a dilution of the *Hypochlorite of Soda* could in any way modify a collection of cancer tissue.

More mature explanation of the case, as I write, is this: A favourable impression was made upon the patient's system by the prescription in which the breast, and probably every portion of the body joined, and this being accomplished, the patient felt much better, and led by her own feelings, relinquished treatment. *To her having done this was due the favourable issue of the case.* She ceased to be frightened, and she allowed the part to repose naturally, and thus it obtained that *rest* which is essential for recovery, and which is the natural sequence of the repose that follows the specific stimulation.

My notes of the case are not now by me, so I cannot say which breast it was, the right or the left. The fact is the same, that the cancer disappeared, and that its doing so was largely owing to the curative process not having been interfered with.

As bearing upon the possibility of cancer dispersing, this narrative is interesting:—

On speaking to a lady on the subject of cancer she mentioned this occurrence as having been brought under her immediate notice. A lady moving in London society, in her own circle and well known to her, was afflicted with what had been unanimously pronounced by several doctors to be a very severe cancer of the side of the neck. Its incurability by any known means was admitted beyond a doubt. There were three prominent London doctors in attendance upon the case, and on one occasion they met in consultation, and after their deliberations were over, the spokesman thus addressed his patient: "My dear lady, we have consulted about your case, and are very

pleased indeed to be able to inform you that we can find no change in the disease, and that it has apparently remained unchanged for the last twelve months." "Well, then," replied the patient, "if this is all you can tell me, and that my disease has remained stationary notwithstanding the great amount of medical attendance I have had during last year, I must decline any further treatment, and will let matters take their course."

As the doctors were leaving the house they inquired of the patient's friend who accompanied them to the door what treatment the patient intended to try, as it seemed to them incredible that a patient with such a fearful disease could have the fortitude to go untreated. The friend expressed her belief in the sincerity of the patient's statement, and that all treatment would assuredly be given up. This was exactly what was done, and the lady went and travelled abroad from place to place, and on her return home after two years of journeying she was perfectly free from all traces of cancer, and this too without having taken a dose of additional medicine, or undergone any kind of treatment.

My explanation of the disappearance of the cancer is this: Among the various remedies that were given the patient by her doctors was the indicated remedy, and this had begun to act upon the disease, and had also possibly strengthened the patient's mind and had opened her eyes to distinguish between good and evil, and had given her courage to discontinue a treatment that was admittedly powerless to overcome her disease, and in this way the necessary repose required by the homeopathically related remedy was secured, and time was thus given for it to expend itself upon the disease which thus led to its gradual dispersion.*

CASE VI.—This case, which would come under the term of "*Fibroma of Adolescence*," is given more from the fact that nothing short of operation was found remedial for it in a metropolitan hospital, than from its cancerous nature. The treatment she had had was malignant, the tumours were not!

E. A., a dressmaker, came to me July 12, 1899.

* Mr. Pearce Gould refers to an undoubted case of cancer of breast that had disappeared without treatment.—Trans. Clin. Soc. of London, vol. xxx., 1897, p. 209.

Delicate looking, impressionable, and anxious; auburn hair, aged 26.

Family History.—Mother died of uterine trouble at 26. Phthisis, tumours, and cancer are known to prevail in her family.

Patient's History.—Has been eight years under constant treatment, never more than two months away from hospital. M.p. came at six years old and was stopped by medicines; at seven had typhoid fever. At eighteen pain in the left side (inguinal region) set in, and has ever since attended Soho Hospital for Women and more recently St. Bartholomews.

Bowels confined all her life, uses enemata. Left inguinal region: sharp dragging pain with irritation of vagina and backache. Leucorrhœa yellowish, m.p. two and a half days' duration, brownish colour. Breath unpleasant, sleep restless.

In July, 1895, had small tumours removed from left breast at Bart.'s, and sometimes left breast swells and is painful. Much neuralgia of the head, and aching of eyes. Subject to colds and loses voice. Throat easily inflames, and has much phlegm at these times. A great deal of palpitation and throbbing headache, worse in the morning, better as day goes on, worse at m.p. Local examination of breast: left breast large and lumpy, especially upper segment.

The last treatment proposed was to have the womb curetted, but no treatment has ever given her any relief and she is gradually getting feeble and looks forward with apprehension, as her mother died at this age, namely, 26. Prescription: *Atropa bellad.* ϕ A.

Sept. 27, 1899. Very much better. Bowels still confined. Leucorrhœa still, and profuse, much less pain at the two first m.p.'s but at third time, a good deal the first day. For the last three weeks pains round eyes and back of head, and eyes ache a good deal; pain gone from breast. Aphonia a month ago, but voice returned of itself. Much less palpitation. Sleep better but still restless.

I should say that *Bellad.* had been probably given hundreds of times to this patient, and yet this single dose brought decided relief. It was again given at this date, September 27th, with relief to the ovarian pain, but otherwise with disturbance, viz., increase of breast pain, restless sleep, and sore throat.

Space will hardly allow of full reports of each interview beyond saying that *Actæa racemosa*, *Cannabis indica*, *Spirea ulmaria*, and *Nerium oleander* were her chief remedies, always in arborivital dose, and that from the time she took the second dose of *Belladonna* the treatment of her case may be said to have been a very simple matter, as she was well able to keep at work and earn her living. I will content myself with giving the few last reports.

May 1, 1901. Nerves feel weak. Leucorrhea a good deal. Prescription: *Lobelia erinus* ϕ A, with *Kali brom.* 30, two tablets every fourth hour if in pain.

June 26th. Greatly improved. Pain in the ovary, relieved by pressure. A good deal of leucorrhea still, also palpitation of heart. Takes cold easily. Bowels confined (1 in 3).^{*} Bearing down relieved by lying on back. The *Kali brom.* 30, relieved the dysmenorrhea at both m.p.'s very much.

For the symptom, "pain in the ovary relieved by hard pressure,"[†] I gave a dose of *Platinum* 200, and on Sept. 26th, when I saw her after the holidays were over, she was looking in every respect well. She had walked eighteen miles in one day, and on other days eight or nine miles. The bowels were acting well, her spirits were good. The ovarian pain had nearly gone, and except for headache at the m.p., and painfulness of the left breast at these times, she was quite well. The lumpiness of the left breast had gone.

As our dear old friend, Dr. Compton Burnett, used to say—alas, how unhappily illustrated in his own case!—life is not long enough to work out the many problems relating to such a chronic affection as cancer of the breast.

Many cases of cancer of the breast disappear, as stated, after homeopathic treatment, without our knowing anything about it.

I have exampled one case where the patient returned after four years to be treated for indigestion, and where, almost by chance, she mentioned about her cancerous breast having got well. This, I feel sure, is but one of many, only that in the hurry of work we seldom think of reverting to notes taken, it may be, many years previously.

^{*} *I.e.*, act once in three days.

[†] This symptom was given me by Dr. Skinner, by word of mouth; I cannot, as I had expected, find any written record of it. I find since writing this, that it really belongs to a nearly allied remedy *Palladium*, which of course it was that Dr. Skinner had mentioned.

Few diseases cause a patient greater fright and anxiety than the various forms of cancer of the breast, but unfortunately for the accuracy and reliability of clinical observations, there is no disease in which it is easier to assure the patient as to the duration of her disease being probably prolonged—in other words, to remove her chief anxiety; I say unfortunately, for the tendency on the part of the patient seems almost irresistible to discontinue treatment when no longer in terror.

While, therefore, on the one hand it is necessary to encourage the patient in order to give remedial powers a fair chance, on the other hand this very encouragement often leads the patient to relinquish treatment, and in this way a stop is placed to all further observation.

CASE VII. is an instance of this. An old lady of seventy-eight came to me in March, 1900, with a scirrhus mass in the right breast, about the size of a hen's egg, but angry-looking and inflamed, and threatening to break down. The lump had existed in the breast some twenty years, and ten years ago operation was strongly advised, but for some unexplained reason, declined.

The left breast had been removed for what was described to her as a cystic tumour twenty-five years ago. The late Sir W. Fergusson operated.

At the present moment the patient is recovering from bronchitis, with which she has been laid up for eight weeks, and is much weakened by it. It is only since the bronchitis that the tumour has become so angry-looking. A well-known and distinguished pathologist has seen it quite lately and advised immediate operation.

Patient suffers a good deal from flatus, and is subject to diarrhea, also subject for thirty years to tinnitus aurium, which is much worse at night, and is synchronous with the heart; a good deal of phlegmy cough.

Two years ago was operated on for double cataract, which upset her nerves a good deal.

Gave for these symptoms, March 21, 1900, a unit dose (ϕ A) of *Agraphis nutans*.

April 4th. Cough gone; has had some irregularly coming neuralgia in head lately, tinnitus the same. Dose: *Kali hydr.* 30, 3 globs.

I find the old lady has been for a long time in the habit of taking "a Night Cap" of blue pill, with a morning

Refresher of seidlitz powder—a sure sign of imperfect conversion to the principles of Hahnemann! This of course was prohibited.

On May 30th I made a further discovery, namely, that she poultices her liver every evening, and that she urinates very freely at night. Dose: *Juniperus communis* φA.

The next report is July 9th, when she complained of itching in a hard gland in axilla, but the place in breast was very much smaller, and no longer threatened to break; still much flatus, palpitation of heart and tinnitus. Dose: *Ornithog. umbell.* φA.

July 23rd. Itching much less, flatus less, palpitation and tinnitus less; of late has been passing much gravel and has felt relieved by it. Prescription: *Lycop.* φA.

This is all I saw of my patient. At her advanced age, and with the subsidence of activity in the cancer, I considered it much more likely that she would die of bronchitis than of cancer, and I candidly told her so. This, doubtless, is her reason for not coming again; her fright as to cancer was removed, and this was “just all” she required from her doctor.

To suppose that it would have been better to have operated on this old lady of seventy-eight is ridiculous; the entire report shows that a cancerous mass can be acted upon by the indicated remedy, and that such treatment is infinitely better than operation.

In regard to this last case, a friend, at my instigation, wrote to the lady inquiring as to her state of health since above report was written, and has had a reply in which no reference whatever is made to her fright-producing malady of former days; which affords me sufficient evidence that my old patient still lives, that she thinks little of the desperate cancer that had been condemned to operation, and that my opinion of her being quite as likely to die of bronchitis as of cancer is fully justified by the sequel so far, and that the procedure adopted of giving a single dose and letting it expend itself upon the disease, as Hahnemann insisted upon our doing in chronic disease, constituted a treatment that was far more humane and far more efficient than any form of operation could be for an old lady with cancer at seventy-eight years of age.

This, it may be said, is not curing cancer. No, it is not curing cancer, and no professions of the kind are made; but as certainly and unmistakably it is acting beneficially

upon cancer, delaying its progress and removing the urgent danger of ulceration with which the old scirrhus mass was threatened.

We all know that a scirrhus mass in the breast may linger on for years without ulcerating, and this was a case in point; but we also know that if such a mass has existed for twenty years and then assumes, after a severe illness, inflammatory characteristics and threatens to break down, a condition of things exists in which either operation or natural remedial measures must be resorted to. The matter does not admit of hesitation: one or other course must be pursued. In such cases I most certainly plead for the adoption of well-known curative principles that were enunciated long ago by Hahnemann.

CASE VIII.—The next case I have to bring forward is that of Mrs. J., aged 36, who for some three weeks had noticed a hard swelling close to the nipple of the left breast, and who had been condemned to be operated upon in the West London Hospital, whither she had gone for advice. There is a good deal of shooting, stabbing pain at times in the place.

On examining the breast I found a hard but small mass about the size of a marble, closely connected with the skin above the left nipple, the skin upon it being reddened and scabbing and threatening to break down, while the nipple was much retracted and slightly eczematous.

Below the breast and taking rise from its lower margin was a protruding pendulous mass of soft lipomatous tissue, about the size of a turkey egg, apparently feebly organised and unencapsuled, which had grown up in this situation after she had been in the habit of carrying trays eight years back, and which had given her no inconvenience beyond its size, which increases perceptibly. This mass presented no signs of malignancy, while that in the breast had all the appearance of a veritable cancer, and as such had been diagnosed at the hospital.

The patient herself is cachectic-looking, dark-haired, inclined to lose flesh, m.p. irregular—too much or delaying—bowels regular, appetite poor.

First prescription for this case, July 11, 1900, *Lobelia erin.* φA.

Report July 19th. Hardness in breast much smaller, and pendulous mass less in size, but patient feels very weak.

No medicine was now given till August 8th, when she complained that the scirrhus swelling had begun again to inflame during the last two days, though in herself felt much better. Dose of July 11th repeated.

After this went on getting stronger and better, though still without medicine, until on November 6th I repeated the dose of July 11th, the report being: Scirrhus much smaller, also the pendulous mass; the scabbing over skin came off yesterday.

November 20th. Place looking much better, but has some shootings in the breast. Again, original dose, and again on December 19, 1900; no medicine to follow.

On January 30th the report was a very good one, patient declaring she had not felt so well for three years; the lower place had gone down one-half, and the hardness was hardly detectable in the upper swelling. Dose repeated.

This repetition of the dose does not seem to have been called for, for on February 13th she returned complaining that the *Lob. erin.* had caused much drawing in the breast, and at one spot discharge had taken place for three days; otherwise feeling strong and well. No medicine.

Steady improvement continued, and on March 13th dose was again repeated, to keep up the action of the remedy; and on May 8th, as she complained of indigestion and burning sensation round chest, stomach, and between the shoulders, a unit dose of *Pulsat. φ* was given, and by the 19th of June she seemed almost well; the lower pendulous mass remained, but much smaller in size, and in the breast no hardness could be felt except that the skin above the breast was stiff and somewhat unyielding.

Everything looked as if the case were practically cured, but in October a slight attack of influenza set in, and when it had ceased, as it did without her taking medicine, I sent her to a dentist to have her mouth seen to, as a number of old stumps of teeth were keeping up a most undesirable condition of buccal sepsis.

The dental treatment for the time seemed to upset; the patient became rapidly weaker, more anemic, her countenance drawn, and the scirrhus mass again came into prominence, and was even larger than it had been at first, though the lower soft place continued to decline in size.

On December 13, 1901, I gave *Scrophularia nodosa φA*, and after this the size of the nodule rapidly declined, and when seen, December 24th, it could not be felt, though the skin over its site had fallen in very noticeably. The lower mass was much smaller. The patient, too, felt strong and well, and in every way improved.

The pity is that it is unjustifiable to label a case where such remarkable improvement took place *cured*, for we all know how liable cancer is to return; but again I must plead in this case, as in others, that the treatment was infinitely better than operation, and time alone can tell whether the improvement will last or not.

One point is to my mind established clearly enough: that if this patient is to be drugged by dentist or by doctor a recrudescence of the old evil may most certainly be looked for; and with this lesson for those who think that "very real harm"* is done by single doses I leave the case.

This patient has discontinued treatment, and is now, I am happy to say, in every respect, well.

CASE IX.—A lady of 46 years of age, Mrs. F., came to me September 10th last year in great tribulation about her breast, as she had just been to St. George's Hospital, where the surgeon had insisted upon her coming into the house at once for operation, and had spoken quite angrily to her on her refusal.

Her sister had died at 50 from cancer of the breast after having had three operations, and her father had died of cancer.

Left nipple buried deeply below surface and eczematous. Diagnosed as Paget's nipple. Two years ago the large lump that she has in the upper breast was noticed in consequence of stabbing pains, but at present it simply aches in cold weather. The scirrhus mass measures about $2\frac{1}{2}$ inches by $2\frac{1}{2}$ inches, and is unattached.

A good deal of backache between the m.p.'s, which continue to be regular as to time, and on the first day of m.p. has always much pain down the right abdomen, which goes round to the back towards night, relieved by lying down. At 10 years old catamenia appeared after a sudden fright, and has always suffered from pains down the right abdomen since then, going round to the back.

* Vide Leading Article *Monthly Homeo. Review*.

Spirits good, bowels regular, sleep good. For the irritable condition of the nipple I gave *Scroph. nod.* ϕ A, and on September 24th had in report: aching a good deal in the lump, otherwise better. *Ferr. pic.* 4x unit dose. On October 28th reports general improvement, no sinkings or tiredness, and m.p. went off better; much desire for sleep; wants to get to bed early, and if prevented from sleeping gets a headache.

Here was an indication for *Laurocer.*, which was given in ϕ A.

November 23rd. Much better, but complains of headache, which begins whenever the cold wind touches her, and invariably works round to the occiput, and if very bad, to the eyes and nose, but never in the temples; sometimes comes gradually and goes gradually, but not always. Breast no trouble; backache gone; not so sleepy. *Ricinus commun.* ϕ A.

This was selected, as *Ricinus* in fresh-plant tincture acts strongly on the base of the brain, and has an affinity for the breasts and female generative organs (*vide Dictionary of Materia Medica*, by Dr. J. H. Clarke, art. *Ricinus*). The sequel is interesting. For three days after the dose her head ached very much, and then all pain left, and though in the open air the tendency to headache still exists, it is never as bad as formerly.

When seen last week (January 18, 1902) she was feeling quite well. In the last m.p. passed fleshy, stringy substance, and occasionally has flatulent pains in bowels, but except for this she looks and feels much better. The breast does not trouble her in any way, and the eczema is certainly less.

This case, though incomplete, is quite worth reporting. It illustrates the action of three very important plant remedies, viz., *Scrophularia nodosa*, *Laurocerasus*, and *Ricinus communis*.

In five or six years it might be possible to say if the case be cured. At present the cancer is certainly not cured, though the patient has resumed her usual avocations, and assures me she never felt better in her life, and never gives a thought to her malady. Surely this is a condition of things that carries with it no great calamity.

Since writing the above this patient has made great progress; the nipple is less deeply buried, and there has been discharge from, with decided lessening of, the scirrhus mass.

CASE X.—Mrs. B., plethoric and well nourished, aged 37, married fourteen years, no family. Date of case, July 8, 1901.

History of patient: Always subject to abscesses: abscesses in the fingers as a child and afterwards for years discharging sores in the sole of right foot; abscess in left breast at 13 or 14 years of age; and, after this, at about 21, abscess in the rectum with fistula. Had three operations in 1889 in connection with rectal fistula.

Father's cousin and grandmother died of cancer, father himself died of cancer; mother of some form of tumour, nature unrecorded.

Left breast has been noticed enlarging for nine months and lately has been getting very painful; her family doctor has taken her to a noted specialist, and both are agreed as to its being cancer and as to the necessity for immediate removal.

Local examination: both breasts hard and lumpy, but left is much the worst, and is very tender to touch.

Symptoms: Severe pain in left breast, dragging from the nipple to the shoulder and to below breast, also a pulling from one breast to the other, from right to left.

Bowels regular and appetite fair, m.p. too frequent and loses too much for the last three months, and there is much leucorrhoea, worse in the daytime.

In this case everything looked as if the disease would run a rapid course; in fact Mr. J. H., the consulting surgeon, said as much, and as the patient was extremely nervous and seemed inclined for an operation, I felt a certain responsibility in taking her case in hand, the more so as she put the question plainly to me: "Had I not better be operated upon, and then you can treat me?" To this I tendered a firm and absolute refusal, knowing very well that it would be much more difficult to bring about recovery should the disease return after operation, as it was almost sure to do.

On July 8th I prescribed *Matthiola Græca* ϕ A, and on July 22nd had in this the first report:—

Nothing noticed from the medicine; has had some bruised and sore feeling in the left breast with a dragging soreness under the arm. The pain below the breast is gone, and the pulling from right to left gone, but has more pain from the left breast up the vessels and the

side of the neck which affects the entire shoulder and axilla. M.p. freer and more leucorrhea.

Here the evidence of the medicine acting was obvious as the character of the pain had changed, and the bruised, sore feeling showed increased activity in the breast, and constituted a symptom indicative of *Kali hydriod.*, which was given in unit dose of 30th.

August 7th reports: Sleep good, still pain up side of neck; breast and under arm tender, but much less than before. Interval of repose from medicine.

September 9th. Getting on very well, much freer from pain. Both breasts are hard with large vessels coursing down to nipples, but left much less swollen and less sensitive; the pains do not last so long and are less severe; still pain below and to the right side of left breast; this part has been very painful, but is now much better, and the pain up the side of the neck is much less. Interval of repose, but to use locally Figwort Ointment (*Scrophul. nod.*).

September 23rd reports: Arm feels heavy and had a good deal of pain, leaving a beaten feeling in the breast in the early part of the interval; the breast "draws" as from deep down and affects the arm-pit and shoulder. Arm (left) feels sore. Bowels acted twice yesterday and thrice to-day—very watery: no colic, leucorrhea slight.

The inference from this description was that the Figwort was in too active operation, so it was discontinued and *Matthiol. Græca* ϕA alone given.

On October 14th reported complete absence of pain for two weeks, and since then only occasional aching. The rectum discharged through the fistula very freely the first fortnight. The deep-down drawing in the breast is gone: the right breast is still lumpy, but the left breast is *much* less so. Has a cold which has brought back the aching pain after getting up in the morning, and the leucorrhea which had ceased has returned; m.p. showed a week before time; then ceased and then appeared naturally.

The meaning of this last report I took to be that the profuse discharge from the rectal fistula was an effort of nature promoted by the last remedy to relieve the breast. This was evidenced by a steady and satisfactory improvement, the details of which need not

be given; so much so that when seen on April 28, 1902, the patient looked and felt in every way well, "free from pain of any kind, and especially comfortable the last week," although the fistula discharges freely. The lumpiness in the right breast is gone, that in the left very much less.

The patient considers herself as being cured, though, of course, time can alone prove this, and is delighted she had not had the operation performed.

CASE XI.—A lady, aged 60. Date of case, May 15, 1901. History of abscesses after all her confinements in the breasts; married thirty-six years, five children; much uterine trouble up till 1891, when had to have the womb curetted, after which had less uterine trouble and fewer bilious headaches; up to this winter had much rheumatism and sciatica.

For two years has had a large scirrhus mass in the left breast, which, of course, was condemned to operation, and which has gone on gradually increasing but giving no pain till in November of last year the pain in the breast and the left shoulder became very severe; this was much relieved by Dr. Compton Burnett's treatment. However, the pain again set in with much intensity in the beginning of March, and the breast looked as if it would burst and has been worse since; is unable to use her arm in sewing.

The patient is anemic and has lately been troubled with phlebitis of the right leg, and both legs are swollen.

Functions fairly regular. *Conium maculat.* ϕA was given without affecting any change, and on June 3rd *Melampyr. silvat.* ϕA was given with decided benefit; for in her report of June 20th the breast was felt to be less in size and the veins of the leg much more comfortable, and she was able to walk better. To allow unmedicated interval.

On July 10th reports herself as feeling well; breast is smaller and lighter to the feel; patient looks brighter and is less easily exhausted, no pain about heart. Unmedicated interval.

July 25th. No acute pain, but breast tender; has had a great mental shock which has put her back considerably. *Melampyr. silv.* ϕA again.

On August 7th *Magnes. carb.* 200 unit dose was given, and on August 30th *Pulsat* ϕA ; no special change. On September 24th she declared herself to be feeling stronger than for years.

On October 28th reports everything going on well, except that a patch of phlebitis, size of half-a-crown, was found on right thigh. *Salix mollissima* ϕA was given, and on November 16th reported immediate improvement after the dose. Growth seemed to point and was slightly sore. General health good. Unmedicated interval.

On January 11, 1892, reports: Very little pain in the part, only slight soreness such as is usual in winter. Tongue furred and gums sore. *Matthiola Græca* ϕA .

On January 24th reports: Has been having a spot of phlebitis; tongue clean, mouth well.

During March of this year (1902) the breast became irritable, "an internal irritation," with sense of fluctuation and painful soreness, which was at once relieved by *Mezereum*. The cancerous mass is (March 20th) about 4in. by 3in., which is less than at first coming under treatment, but more than it was two months ago.

On April 22nd reports: Quite free from pain, but has persistent swelling of the left leg from calf to ankle. *Apis m.* 100, unit dose.

On May 3rd: No pain whatever, and very little tenderness of the breast, which is declining in size; swelling of the leg much less.

In other words this patient is in a perfectly comfortable condition, and although a scirrhus mass exists in her breast, she enjoys in every way the free use of the arm and the best of good health and spirits. That the disease is working off I am very much inclined to believe from the absence of all local disturbance, and more especially from the fact that constantly recurring phlebitis is being set up.

In the former case, we saw the disease discharging through the old fistulous surface in the rectum; now, we see it dispersing through the venous channels, a very frequent outlet for morbid material in these cases. Whether the case will ultimately get well remains to be seen. My object for reporting it is that there is much of clinical interest in connection with it, and that most certainly the lady is in a far better condition in every

possible way than she was twelve months ago when she began my treatment.

The attention of the public is being drawn more and more to the subject of cancer, and even the daily papers teem with wonderful descriptions of the important advances that are being made by celebrated doctors; and the worst of it all is that the poor cancer patient is, after all, in no way the better. Indeed, he may consider himself fortunate if, after all these researches, he is nothing the worse. The fact of the matter is that the clinical features of the cancers, by which I mean the majority of malignant growths, are very simple—too simple for rewards and expensive treatments.

For example, in the breast, as well as in other parts of the body, we find that the cancers develop in regions of the body that have been exposed to injuries, especially blows that give rise to contused wounds. Extensive bruised surfaces, especially when overlying glandular structures, are often pointed to by these patients as mapping out the situation of their disease.

In other instances we find a long-lasting irritation of a mucous surface will often, in time, become the seat of cancerous deposit.

It is a very general dread among women that a blow on the breast gives rise to cancer. It does nothing of the kind, but what occurs is this.

The effect of a severe blow upon an organ like the female breast, especially when great changes in the reproductive sphere are taking place, lessens the power of the involved tissues to resist the onslaught of morbid material floating through the system. Such material is thus enabled to deposit in this the least resistant and consequently the most suitable resting-place.

Women who receive such blows should at once resort to a dose of *Arnica montana*, *Calendula offic.*, *Ruta graveolens*, or of *Ulmus fulva*, according as their other symptoms and bodily condition indicate. Of all these remedies the most generally useful for the purpose of restoring the resisting power of the injured tissues is, so far as our present researches go, most certainly *Arnica*, the tincture of which should be made from a fresh plant, and not from the dry, drug-impregnated flowers in the shops.

Mental shocks, as well as shocks by direct and indirect mechanical injury, may also lessen the resisting power of the organism, and in these cases *Magnesia carbonica Kali bromidum, Ignatia amara*, in high dilution, ought as in the above instances, to be at once resorted to.

Almost any morbid material that finds entrance into the tissues may in time give rise to cancerous collections but it is particularly frequent in persons who have had medicinal or other unnatural substances injected subcutaneously; even, for instance, bee- and wasp-stings are known in time to be followed by cancerous collections.

Any climatic or mental conditions that tend to lower the vitality of the body conduce to cancer; such as a residence close to water-logged and low-lying tracts of country, more especially if a habit of morbid apprehension and of querulousness be indulged in.

Cancerous collections, whether these take the form of scirrhus, carcinoma, sarcoma, or of encaphaloid cancer, are, I repeat, easily acted on by internal remedies; and the progress of the disease to a very large extent depends upon whether the necessary repose be or be not granted while its elimination is in progress.

By the term *repose* I do not mean mere *rest* from movement, either of the disease itself or of the body generally, but I do mean rest (or more properly *cessation*) from the strong tissue movement occasioned by the exhibition of the indicated dose.

This movement or outflow is often succeeded by great disturbance, which is sure to frighten the patient if not warned beforehand, and which hitherto has scared the doctors and nurses to such a degree that immediately they have set to work injecting all kinds of things into the system to the annihilation of all hope of ever seeing the disease eliminated.

Though bodily *distress* may be, owing to situation, the necessary consequence of the outpouring of the disease, I have in almost every instance found this distress attended by complete cessation of the terrific cancer pains, the lancinating, stabbing pains particularly.

A very great distinction must be made between *distress*, great though it be, and pain. I have seen cancer patients bent double with flatus and its consequent restlessness and sleeplessness without there being any attendant pain, and I have seen the entire mucous lining of the mouth and

throat swollen and raw looking with complete inability to take food while the disease was coming away, and yet a rapid and painless improvement has resulted.

It would be very easy to extend this series of cases; but for the present this is sufficient to show the influence of arborivital action upon this disease, and to prove that this wretched malady is not always so horrible as the imagination pictures or as authorities describe it.